



In re Application of:

HIDEYUKI IKEGAMI, ^{TRADEMARK}

Application No.: 09/215,194

Filed: December 18, 1998

For: IMAGE FORMING APPARATUS AND CONTROL
METHOD FOR THE SAME

Docket No.

00862.002632

Examiner: T. Nguyen

Group Art Unit: 2182

Date: Monday, September 9, 2002

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on
9/9/02

(Date of Deposit)

Andrew D. Mickelsen, Reg. No. 50,957

Andrew D. Mickelsen 9/9/02
Signature Date of Signature

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

RECEIVED

SEP 20 2002

CLAIMS AS AMENDED				Technology Center 2100		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

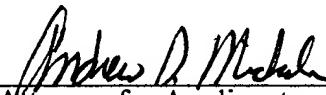
A Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$400.00 to cover the fee for a two month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
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